

Instructions for the PCS PACT Form

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Field/Category	Instructions
Annual Certification Due	This due date is a minimum of 365 days from the date of the assessment being documented on the PACT form. The date is calculated from the assessment date and not from the date the physician signs the PCS PACT form.
Referral Date	Date provider received the initial referral for services. This date stays the same on all future PACT forms until the patient is discharged. If the patient is later reopened for services, the new referral date is entered on the new PACT form.
Date Initial Assessment Completed	Date provider completed the initial assessment in the patient's home. This date remains the same on all future PACT forms until the patient is discharged. If the patient is later reopened for services, a new assessment date is entered on the new PACT form.
Date Last Reassessment Completed	Date provider completed the last reassessment – this date may be the date of the last annual reassessment or the date a reassessment was completed due to a change in the patient's condition that required completion of a new PCS PACT form.
Provider Name	Name of provider agency at this licensed/enrolled site
PCS Provider #	PCS provider # assigned by DMA for this specific licensed/enrolled site
Provider Phone #	Provider agency phone number including area code for this licensed/enrolled site
Provider Address	Provider agency address for this specific licensed/enrolled site – include city, state and zip code
Field 1	Patient's first and last name as it appears on the Medicaid card (blue or pink)
Field 2	Medicaid ID # as it appears on the Medicaid card (blue or pink)
Field 3	Patient's Social Security Number
Field 4	Patient's address – include city, state, and zip code
Field 5	Patient's phone number – include area code
Field 6	Sex of the patient – male or female
Field 7	Patient's date of birth – month/day/year
Field 8	Indicate with whom the patient lives – check all that apply
Field 9	Contact person's name – relationship to patient, address, phone no. at home and work – include zip code
Field 10	Attending physician's name – this is the name that must also appear as the authorizer of PCS Services on the PACT form, phone no. and address. This is the patient's primary physician. If the Medicaid card indicates Carolina Access/Community Care the primary physician must be the Carolina Access/Community Care physician.
Field 11	Date of most recent exam, month/day/year by primary physician.
Field 12	Vital signs taken by RN at assessment today
Field 13	Reason for referral for PCS services

Field/Category	Instructions
Field 14	Diagnosis – specify date of onset and ICD-9 code (s) for the diagnosis/diagnoses related to the medical condition (s) supporting the need for PCS. Remember, the date of onset is critical in all surgical/orthopedic diagnoses. If the date is not known, you may give your best estimate of the date. For example, less than 5 years, etc.
Field 15	Current care – type and source – list informal and formal caregivers, example, Meals on Wheels, home health, etc.
Field 16	List all medications – name/dose/frequency/route – remember to include prescribed and over the counter medications, include oxygen flow rate and route.
Field 17	Indicate if medications are self-administered and who assists if applicable by name and relationship. Indicate if reminders are needed.
Field 18	Indicate if allergies exist, and if yes, write in all known allergies – include food, medications and environmental allergies
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Patient First and Last Name	As it appears on the Medicaid card and page 1 of the PCS PACT Form
Medicaid ID	As it appears on the Medicaid card and page 1 of the PCS PACT Form
Assessment Date	Date this assessment is completed in the patient's home
<p>Limitations in Activities of Daily Living (ADLs)</p> <p>Activities of daily living are activities that we are normally able to perform independently for ourselves. Patients on the PCS program need either assistance with their ADLs or need to have the ADL performed for them. There are six universally recognized activities of daily living. They are: bathing, dressing, ambulation/transfers (mobility), eating, toileting and bowel/bladder incontinence. To qualify for PCS, the patient must have two ADL deficits in any of these six ADLs. You would score your hands on assistance with ADL tasks; personal care associated with ADLs and delegated medical monitoring to meet the criteria for PCS. The personal care tasks or delegated medical monitoring would not stand alone as an ADL deficit. You would need at least two of the six ADL deficits listed above to qualify for the PCS program.</p> <p>(Note: do not confuse ADLs with IADLs. IADLs are instrumental activities of daily living. IADLs are home management tasks. For example, a patient that cannot eat independently and must be fed orally or by a tube has an ADL deficit in eating. A patient, who can feed himself/herself, but needs a meal prepared, does not have an ADL deficit in eating. Rather, the patient has an identified need for a home management task to be performed. Meal preparation is not an ADL deficit that can be used as one of the two ADL deficits needed to qualify for PCS as it is a home management task and not an ADL.)</p> <p>(You score ADLs. You do not score IADLs. You would put a “check” in the third column if you are going to be performing an ADL task in the field or an “T” if you will be assisting with an IADL task).</p>	

Limitations in Activities of Daily Living (ADLs), continued

The PACT form also includes other personal care tasks, such as personal hygiene tasks, that the patient may need assistance with or performed for them. While a personal hygiene task is a covered PCS task, it is not in and of itself an ADL but is usually associated with the ADL of bathing. A patient only needing personal hygiene tasks and assistance with one other ADL would not qualify for PCS as there are not two ADL deficits. But a patient needing bathing (including personal hygiene) and assistance with one other ADL would qualify for PCS.

Rate the individual's "ADL Self-Performance" and "ADL Support Provided" using the scoring system provided. Check the applicable boxes. Indicate the days when assistance is needed in the blank beside a task.

M= Mon, T=Tues, W=Wed, Th=Thurs, F=Fri, S=Sat, Sun=Sunday

Completion of the assessment areas in each ADL field/category also includes completing scoring for column A "ADL Self-Performance" and column B "ADL Support Provided." The last column provides a space for the assessor to check if PCS assistance is needed based on the assessment and scoring of columns A. and B. Be careful that the fields/category numbers where you have indicated assistance is needed match up to the category numbers on the POC.

The "ADL Self Performance Scores" are defined on the PCS PACT tool. More information on this scoring is available in the MDS scoring research.

- 0 - Independent: No help needed or oversight needed
- 1 - Supervision: Oversight, encouragement, or cueing needed
- 2 - Limited Assistance: Individual highly involved in activity, receives hands-on help in guided maneuvering of limbs with eating, toileting, bathing, dressing, personal hygiene, self-monitoring of meds and/or other non-weight bearing assistance.
- 3 - Extensive Assistance: While individual performs part of activity, substantial or consistent hands-on assistance with eating, toileting, bathing, dressing, personal hygiene, self-monitoring of meds and/or weight bearing assistance is needed.
- 4 - Full Dependence: Full performance of activity by another

The ADL score is tabulated by giving consideration to all boxes in each category. For example, if you scored in field 26 (personal hygiene) that the patient needed help with combing hair only, this would relate to the patient only needing limited assistance with a score of 2.

The "ADL Support Provided Scores" are also defined on the PCS PACT tool.

- 0 - No set-up or physical help needed
- 1 - Set-up help only
- 2 - One person physical assist
- 3 - Two+ persons assist and/or one person assist w/ assistive equipment

Note - Home management tasks in each category are not included in the overall scoring of that category - only ADLS and their related tasks are scored. Home management tasks are linked to the patient's ADL deficits and functional health needs.

Field/Category	Instructions
ADL Self-Performance Scores	Lists Scores 0-4 which correspond with the patient's level of independence and/or dependence. The provider will place the applicable score - 0, 1, 2, 3 or 4 - under column A - by each of the fields/categories 19-30 on the PCS PACT form. Score how the patient appears most of the time.
ADL Support Provided Scores	Lists scores 0-3 which correspond to the type of support the recipient needs with the task(s). The provider will place the applicable score - 0, 1, 2, or 3 - under column B - by each of the fields/categories 19-30 on the PCS PACT form. The third column is where you would place a check in the box if hands on assistance with an ADL will be needed. If you are performing an IADL task, place an "I" in the third column. The IADL supports are listed in certain categories in order to have a logical place to place these tasks. You may have an IADL task listed in an area where there is not an ADL deficit that corresponds, such as vacuum when there is normal respiration. You would need to make sure the patient's clinical and functional status on the PACT form supports that these services are needed and that the patient cannot perform these for himself/herself. Document in field 38 why help is needed. Score how the patient appears most of the time.
Field 19	Ambulation – note assistive equipment patient is to use while ambulating or if patient is bed/chair bound – check all that apply. If bed or chair bound see field 20 for further instructions.
Field 20	Non-ambulatory/transfer – Moving to and between surfaces - bed, chair, wheelchair, standing position. Indicate assistive equipment patient is to use during transfer – check all that apply. Note self sufficiency once transferred. Field 19 and Field 20- even if you have deficits in both of these areas, you would consider this (1) ADL deficit. You can score time for both 19 and 20 if you need to assist with areas in both of these categories.
Field 21	Nutrition – Check whether the patient is fed orally, parenterally or by tube. Indicate in the blank beside tube what type of tube the patient has. Check whether patient is fed or set-up only. An ADL deficit in eating occurs in this field if you are either feeding the patient or if you are replacing a part of eating such as chopping, pureeing or cutting up the food for the patient. Meal preparation and serving the food only is considered an IADL deficit. Document in field 38 why help is needed. Write in the dietary restrictions. Write in any supplements the patient may be using. Write in the diet ordered. Check whether meal preparation is one meal or two meals and the days that meals are to be prepared. Indicate what type of kitchen clean-up assistance is needed by circling all that apply. Use the blank line to write in the days of the week assistance is needed with kitchen clean-up.

Field/Category	Instructions
Field 22	Respiration – place a check in the box by the patient’s respiratory status – check all that apply. Place a check in the applicable box to indicate the patient’s frequency of oxygen use and whether or not the patient utilizes a nebulizer. If the patient utilizes a nebulizer, write in the blank the days of the week assistance is needed through PCS. Then write in the blanks by any of the home management tasks the days of the week the task(s) is to be performed by PCS. Score this field according to the severity of the problem and if you are providing assistance with some part of respiration. Do not score this field if all that you will be assisting with is an IADL; indicate with an “I” that an IADL will be done.
Field 23	Endurance – place a check in the applicable box indicating the patient’s breathing status for how the patient appears most of the time. Then place a check in the box indicating whether or not the patient has generalized weakness. Write in the blank(s) by any of the home management tasks the days of the week the task(s) is to be performed by PCS. Score based on the severity of the problem. Do not score the IADL tasks in this field if all that you will be assisting with is an IADL. Indicate with an “I” an IADL will be done.
Field 24	Skin – place a check in the box indicating the patient’s skin status. Check all that apply. Indicate whether or not the patient needs help with diabetic foot care and/or nail care and the frequency that assistance is needed by writing in the blank(s) the days of the week PCS assistance is needed. Do not score this section separate from bathing unless there is a skin condition warranting a treatment or applying a dry dressing. Applying lotion, etc. to normal skin would be expected to be part of the bathing process. This task category alone does not constitute an ADL.
Field 25	Bathing – indicate by writing in the days of the week by A, B, or C the type of bathing assistance the patient needs through PCS and on what day the assistance is needed. Write in the day(s) of the week the patient needs help with shampooing hair and cleaning the bathroom after bathing. Check whether or not the patient needs help with transferring in and out of the tub or shower and/or the devices the patient needs, if applicable, to assist with the bath. Remember the ADL self-performance score indicates the client’s ability to self perform the identified task. Shampooing hair alone does not qualify as an ADL deficit. Bathing would be an ADL deficit if the patient requires hands on assistance with the bathing process, not just supervision of the self-performance of the bath.
Field 26	Personal Hygiene – place a check in the boxes indicating if the patient needs assistance with a personal hygiene task. Then write in the blank(s) the days of the week assistance is needed with braiding or setting hair and/or shaving.

Field/Category	Instructions
Field 27	Dressing - place a check in the boxes indicating if the patient needs hands on assistance with dressing, etc. Laying out the clothes or retrieving the clothes from the closet alone does not qualify as an ADL deficit. To qualify for an ADL deficit, the patient needs to have hands on assistance. Write in the blank(s) the days of the week assistance is needed with ROM and/or laundry.
Field 28	Bladder – Indicate the patient’s urinary status and method by placing a check in the applicable boxes. Check the frequency of assistance needed. Check the devices/supplies needed. If a patient needs assistance with toileting, such as assistance to the bathroom, assistance with undergarments or perineal care after going to the bathroom, a patient would have an ADL deficit in toileting. IF the patient also has bladder incontinence, the patient would have another ADL deficit for bladder incontinence.
Field 29	Bowel - Indicate the patient’s bowel status and method by placing a check in the applicable boxes. Check the frequency of assistance needed. Check off the devices/supplies needed. Write in the days of the week the patient needs an enema and/or assistance with a bowel program. Field 28 and 29 together compose an ADL.
Field 30	Self-monitoring - Complete all applicable boxes. This section includes the monitoring, cueing and supervision of medication intake as well as assistance with other health related tasks. If the RN identifies the need for vital signs, glucometer testing or client weights directly related to a medical diagnosis, the RN should set parameters for when the aide needs to notify a supervisor. If vital sign monitoring, finger stick blood sugar monitoring and/or weights are identified as needed, the nurse should indicate the frequency of the task(s) on the Plan of Care. You only score this field if your agency will be assisting with one or more of the self-monitoring tasks. You do not need to score this field if the caregiver (s) will be responsible for these tasks. It is not included in the criteria if it is not included in the POC.
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Assessment Date	Date this assessment is completed in the patient’s home
Field 31	Pain :7-day look back – indicate the location of the pain and severity of the pain using a rating scale of 0-10 with 0 being no pain and 10 being worst pain. Indicate with a check the pain frequency and pain control. Remember – PCS PLUS pain criteria indicates the patient has consistent and substantial pain which interferes with daily activities.

Field/Category	Instructions
Field 32	Cognitive Skills for Daily Decision Making – Check the box that describes the patient most of the time. If client is MR/DD note level or score. For example, mild; moderate; severe. This assessment is reviewed considering the patient's chronological age. Remember – PCS PLUS pain criteria indicates the patient has significant cognitive deficits which interfere with daily activities.
Field 33	Behavior – Check all that apply.
Field 34	Vision – Check the patient's vision status and indicate if the patient uses glasses or contacts.
Field 35	Check the patient's hearing status and indicate if the patient uses a hearing aid.
Field 36	Check the patient's speech status. Note the primary language the patient speaks.
Field 37	Check the patient's method of communication and indicate if the patient is unable to write. If so, the client must make a mark on this form and it be followed by the nurse assessor's initials. This is only required if the patient will be making a mark on the in-home aide service log. (If telephony or electronic time verification is used – refer to these criteria in the policy.)
Field 38	Document additional time needed when deviating from time guidance. Document here information specific to patient needs for the other covered home management tasks that are not specifically linked to ADLs – such as reporting to DSS, writing letters, reading correspondence, etc. and also document EXCEPTIONS to identified time guidance.
Field 39	Write in the patient's perception of what he or she needs.
Field 40	Indicate if the patient has other medical considerations by checking all that apply.
Field 41	Indicate if the patient has an advanced directive and if so the location of the document.
Field 42	Indicate if there is a DNR order and check all that apply. Remember that Hospice recipients are not eligible for in-home PCS.
Field 43	Safety Assessment – Complete all that apply. Note DME supplier and contact information. Patient choice is to be upheld as related to DME. Remember - if the home is not adequate or suitable to complete the plan of care, the primary physician and/or other applicable resources should be notified. Do not admit the patient to PCS services.
Field 44	Indicate if there are any other sources as listed available to meet the patient's needs at the times the services have been requested. If so, PCS is not indicated.
Nurse Assessor/Certification – Signature of the RN completing the assessment and documentation on the PCS PACT form indicating whether or not the PCS services are needed. Your signature indicates that you completed this assessment and it accurately reflects the patient's condition and needs. Print your name legibly as it will be used to verify that you have completed the certification training. Record the time in and out of the home.	

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Field 45	Plan of Care – If the assessment indicates that the patient has medically-related personal care needs requiring PCS, show the plan for providing the care beside the day(s) services are needed. Write in the category # of the assigned task(s) that is designated on the assessment and by the category # indicate the amount of time to be allocated to that specific task. Follow the DMA time guidance for time allotments. The category numbers on the POC should match up with the field/categories on the assessment that indicated that the patient needed assistance. Remember tasks and time allotted should be individualized. The tasks are based on the medical conditions and needs identified in the assessment. The time allotted is based on the time guidance and any documented exceptions. The time allotted for personal care should exceed the IADLs (home management) on a weekly basis. DMA expects an economy of tasks when there are multiple recipients in the same home. DMA expects staff to multi-task – for example – the aide may be preparing a meal while he/she is washing the clothes. Remember – many tasks are not required daily - such as mopping, laundry etc. Home management tasks should not exceed the time allotted for personal care. Remember – the patient can have no more than 3 ½ hours per day and no more than 60 hours per month. If PCS PLUS is requested and prior approved – the patient can have no more than 80 hours per month.
Field 46	Goals/Objectives: Complete all
Field 47	Verbal order – indicate if a verbal order was obtained to assess the patient and determine eligibility for PCS per the PCS policy and indicate the date. If a written order was received, for example on a physician's prescription pad, incorporate this written order into the clinical record.
Field 48	Specify the date of the verbal order to start PCS, who conveyed the verbal order and who received the verbal order. This means you would document who in the physician's office, for example, conveyed the verbal order and then the nurse's name in your agency who took the verbal order. This follows NC BON interpretative guides.
Physician Certification	The patient's primary physician, PA or NP must sign and date prior to PCS services beginning unless a verbal order to begin services was obtained. If the physician failed to date his signature, the agency may stamp or note the date received in the agency. This is to note the date received only. Stamp or write in "Rec'd" and then the date. The agency cannot predate the form for the physician.